

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027153

1. Entity Name

CARBA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90374 011 ***150.00

Principal Place of Business

423 SW MONROE
PORT SAINT LUCIE FL 34986

Mailing Address

423 SW MONROE
PORT SAINT LUCIE FL 34986

2. Principal Place of Business

2418 SW WARWICK ST

3. Mailing Address

2418 SW WARWICK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34984

Country

ST LUCIE

Zip

34984

Country

4. FEI Number

65-0906863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARINA, SALVATORE J
423 SW MONROE DRIVE
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

SALVATORE J FARINA

Street Address (P.O. Box Number is Not Acceptable)

2418 SW WARWICK ST

City

PORT ST LUCIE

FL

Zip Code

34984

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

SALVATORE J FARINA 4/23/01

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS FARINA, SALVATORE J
CITY-ST-ZIP 423 SW MONROE DRIVE
PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition:
NAME SALVATORE J FARINA
STREET ADDRESS 2418 SW WARWICK ST
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ Change ☐ Addition:
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition:
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TITLE ☐ Change ☐ Addition:
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01

Daytime Phone #

561 359 1345

CR2E034 (10/00)